

17/11/08

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

1-25-2008
JAN 25 2008 *new*

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Develle Spencer

Dawayne Tolliver

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV571
JUDGE GETTLEMAN
MAGISTRATE JUDGE VALDEZ

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

Thomas Dart - Sheriff of

Cook County, Cook County Illinois Board Commissioner - Todd Stroger.

Director Cermak Health services

Mr. Simon M. D. - Chief Bureau of Health services - Mr. Fagu

Thomas Snook Super -

-intendant Division 11.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)

☐ **OTHER (cite statute, if known)**

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

I. Plaintiff(s):

- A. Name: Develle Spencer
- B. List all aliases: Owens Phillip
- C. Prisoner identification number: 20060097519
- D. Place of present confinement: Cook County Dept. of Correction
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Todd Stroger
 Title: Cook County Board Commissioner
 Place of Employment: Cook County Illinois
- B. Defendant: Thomas Dart
 Title: Sheriff of Cook County
 Place of Employment: Cook County Sheriff Department
- C. Defendant: Mr. Simmon M.D.
 Title: Director of Cermak Health services
 Place of Employment: Cook County Department of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: Mr. David Fagu

Title: Chief Bureau of Health services

Place of Employment: Cook County Department of Correction.

E. Defendant Thomas Snook

Title: Superintendent Division II

Place of Employment: Cook County Department of Correction.

F. Defendant: _____

Title: _____

Place of Employment: _____

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

"Develle Speneer"

A. Is there a grievance procedure available at your institution?

YES (☒) NO (☐) If there is no grievance procedure, skip to F.
But =

B. Have you filed a grievance concerning the facts in this complaint?

YES (☒) NO (☐)

C. If your answer is YES:

1. What steps did you take?

(Hurd)

Wrote grievance and submit to Lt. to submit to ~~app~~ program
CRW. ... (RIA (social worker) said she hadn't received any. This grievance
was wrote on personal paper, do to difficulty obtaining forms in CJS Division
11 Cook County Jail) - in copy like fashion. 3rd grievance submitted to no avail.

2. What was the result?

Attempts made toward resolution
Program "uncooperative", non responsive to
set procedure.

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.) Submitted

a second "appropriate program" grievance form (1st 12-23-07, 2nd
12-30-07) 1st copy like grievance submit 11-20-07. all non responsive

D. If your answer is NO, explain why not:

No response to grievance
are common here at Cook County's Jail Div. 11
Copies included

- D. Spencer
- E. Is the grievance procedure now completed? YES () NO ()
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES (X) NO () Lt. Hurd 3rd shift

G. If your answer is YES:

or
Hurdie

1. What steps did you take?

Spoke with Lt. Hurd (or Hurdie)
and he suggest that I submit another Grievance
and ordered me dispensary, to no wait - cure.

2. What was the result?

To see doctor for attention, but
as always to be rescheduled.

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: Develle Spencer vs. Chicago Illinois City of Chicago. Police Misconduct. Develle Spencer vs. Low Office of Cook county Public defender.
- B. Approximate date of filing lawsuit: 01/2008.
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Develle Spencer Develle Remond Spencer AKA Phillip Owens.
- D. List all defendants: City of Chicago, Chicago Police Dept., Officers Walsh, Officer Sebastian, Sgt. Stephen T. Pierzak, Develt Remond Spencer, Low office of Cook county Public Defender Edwin A. Burnett, Attorney Camille Calabrese A.P.D.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois Eastern Division
- F. Name of judge to whom case was assigned: Not yet assigned
- G. Basic claim made: Violation of Constitutional Rights
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): mailed January 02, 2008.
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

part of 3

Names of cases and docket numbers, Payne Tolliver Vs Cook County Sheriff, Cook County Dept Administrator, Tolliver Vs Chicago Police Officer Jenkins, Tolliver Vs City of Chicago, three times with Chicago Police Departments three times,

Approximate date of filing lawsuit 9 between 10 1993, 4-5-2006, 10-3-2006

11-27-2007, 11-29-2007, 12-3-2007

list all defendants, Cook County jail, Cook County Dept Administrator, Chicago Police Dept, City of Chicago, Police Officer Jenkins, John Stroger Hospital, Provident Hospital.

Court in which the lawsuit was filed: IT federal court, name the district: IT state court name the county Northern District of Illinois Eastern Division
Name of Judge to whom case was assigned Judge Gettlemen, Aspen, John W. Darrah, Judge Hubbler, Judge Buckho

Basic claim made: Police Brutality, Police Misconduct, Cook County jail neglecting Medical Treatment

Disposition of this case for example: Was the case dismissed? Was it appealed? Is it still pending? Yes, and one has been dismissed.

Approximate date of disposition It was dismissed, and for a motion able time barral all the information concerning this disposition I don't have

I have names of all the individuals I filed lawsuit on and dates that occurs and the names of those individuals I filed against in federal court I never received a disposition of any of these individuals I filed against in federal court at 219 S. Dearborn ST, Chicago, Ill, 60604 of the Northern District of Illinois Eastern Division, I really hope I put all the information the court need for this action to be pass along in order the right way!

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Denial Medical treatment.

On October 26, 2007 I was scheduled for medical treatment, after a walk-in for injuries that occurred during recreation here at Cook County Jail that damaged my lower back - pain difficulty bending over balance loss, and foot injury. I've been denied proper immediate attention to my medical issues 10-26-07. By Dr. Yu scheduled for care - to no avail. Rescheduled denied medical treatment again on 11-13 (or 14) -07. by Dr. Altez Medication prescribe expired before filled prescription. "Denied treatments" and Injections into foot. Denied medical care on 12-05-07 again rescheduled for attention to issues that occurred weeks prior. ON 12-24-07 again (rescheduled) denied medical care. Dawayne Tolliver and other detainees has been denied medical care to their immediate issues Dawayne Tolliver, Since Sept 24, 2007 has been complaining about his medical problem. That pains him constantly.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

Compensate for prolonged (anguish of
injury results in turn) Medical attention as
suggested/diagnosed treatment by doctors.
500,000 x2

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this
Complaint are true to the best of my knowledge, information and
belief. I understand that if this certification is not correct, I may be
subject to sanctions by the Court.

Signed this _____ day of _____, 20____

Develle Spencer
(Signature of plaintiff or plaintiffs)

Develle Spencer
(Print name)

spencer
20060097519 /
(I.D. Number)

Cook County Department of Correction
P.O. Box 089002
Chicago, IL 60608
(Address)

1 + 12/23/11 Lt. Hurd.

Part-A / Control #: X

Referred To: _____

☐ Processed as a request.2nd Grievance
Submission

Since first copy was given but never received by A.D.I.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: _____ First Name: DevilleID #: 2006-6077519 Div.: 11 Living Unit: DG Date: 01/03/08

Medical Treatment: _____

BRIEF SUMMARY OF THE COMPLAINT: I am and have been in pain since

11-26-07. Date injury occurred while playing ball in Rec (in DH) the
(slipping) dust ridden floor. I slipped and something snapped in my left bill tendon
causing me to agile in a position unfamiliar to my lower right back area. I
seen Dr. Yu order that I get to see the first specialist that day. Then again on 12-05-07
after DR. Altez scheduling for 11/13th & 17th 07. All which has not taken
place. And again No treatment other than \pm Bupropion which does not cure the
ache, burning pain, soreness in my feet. My back I am unable to sit or
stand for long periods. Before difficulties occur, unabling me to bend over
and numbness throughout my lower right back to my leg (Right). A pain
that I Bupropion does not effect relieve, and muscle relaxers were prescribed and
noted. 12-05-07 By Dr. Altez. Medication was re-prescribe 12-31-07. Dr. Yu
these chronic pains need proper attention not temp. relief...

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: _____

Officer Mc Lendon, Dr. Yu, Dr. Altez, Nurse Tam killed prescription
 11-13-07 ACTION THAT YOU ARE REQUESTING: _____

These medical issues be taken seriously. I'm in pain.

DETAINEE SIGNATURE: _____

Deville Spencer

C.R.W.'S SIGNATURE: _____ DATE C.R.W. RECEIVED: _____ / _____ / _____

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
 All appeals must be made in writing and directly submitted to the Superintendent.

Did not Receive.

Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Spencer First Name: Deville

ID #: 2006 - 0094519 Div.: 11 Living Unit: D6 Date: 12/23/07

BRIEF SUMMARY OF THE COMPLAINT: Medical treatment. I was in the Rec. Room 10-26-07. Trying to enjoy the gym room as best I can with it's dust ridden floor. The slipperiness caused me to injure my heels tendon left foot, lower back right foot. Mcendon took me to Disp. Dr. Yu prescribed I Buprenorphine - a non effective temp. pain Reliever. Again on about 11-13-07 Dr. Altez scheduled me to receive foot injection and again prescribed a non effective pain reliever. Still no attention (if a specialist) to my pain in my lower back chronic on 12-05-07 Again ^{Dr. Yu} Dr. Altez Rescheduled me to see the foot Doctor and then again on 12-05 I Buprenorphine & Muscle Relaxers for lower back and heel. Non effective. These injuries needs more serious attention then a temporary reliever's prescription, which I have not Relieved yet! I am in (pain) need of a cure.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Dr. Yu, Dr. Altez, Nurse Tam

ACTION THAT YOU ARE REQUESTING: Nurse Tam filed the prescription for these issue to be attended to immediately because I'm aching that the gym room floor be moped at least before use.

DETAINEE SIGNATURE: Deville Spencer

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: 1/2/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.